

	Wisconsin Department of Agriculture, Trade and Consumer Protection Bureau of Weights and Measures, Storage Tank Regulation P.O. Box 7837 Madison, WI 53707-7837 (608) 224-4942	FOR OFFICE USE ONLY Wis. Admin. Code §ATCP 93.115 §ATCP 93.350
	ATCP 93 NOTIFICATION RECORD	

Personal information you provide may be used for purposes other than that for which it was originally collected (s.15.04 (1)(m) Wis. Stats.).

TO: _____ OFFICE LOCATION: _____

(Refer to the web site: >http://datcp.wi.gov/Consumer/Weights_and_Measures/Admin_and_Technical_References/index.aspx < for the authorized agent/department for the specific jurisdiction.)

Note: Only the notification form is required for non-flammable, non-combustible, hazardous liquid, or CERCLA tanks greater than or equal to 5,000 gallon capacity that are under the direct supervision of a qualified engineer. A plan review is not required. (ATCP 93.350(2)(b)).

LOCATION / IDENTIFICATION (Please print or type)

Site Name		Site Street Address		
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State	Zip Code
Facility Number		Fire Department providing fire protection coverage:		
Owner Name	Telephone ()	Email Address		
Owner Street or P.O. Address		<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of: State Zip Code

Name of Contractor: _____

Address of Contractor: _____

City/Town: _____

Telephone Number: () Cell Number: ()

E-mail Address: _____

Date work is to begin: _____

Date/Time Requested for tank inspection: _____

ATCP 93 certified installer supervisor or qualified engineer: _____

Project will involve: (Check all that apply)	Check UST AST	Number of tanks	Plan Number	Approval Date
Tank Installation	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
Dispenser POS Conversion	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
Piping Installation or Upgrade	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
Leak Detection Upgrade	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
Spill or Overfill Protection	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
Cathodic Protection or Interior Lining	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
CERCLA Chemical Tank(s) Only	<input type="checkbox"/> <input type="checkbox"/>	_____	Send notice to DATCP (use address above)	_____
Tank Closure	<input type="checkbox"/> <input type="checkbox"/>	_____		_____

Site assessment conducted by: _____

Comments: _____